

# TRIPLE-A SUMMER CAMP

IF APPLICABLE, PLEASE RETURN WITH YOUR PAYMENT

## 2013 Medication Form

984 Tuckerton Road, Marlton, New Jersey 08053 ~ 856-985-9792 ~ Fax 856-985-2878

### MEDICATION

I request the enclosed medication, **in its original container**, be administered to my child and shall release all Township of Evesham personnel from any and all liability related to the submitted medication.

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

With my signature, I acknowledge reading and agree to comply with the Medication Policy of 2013 Triple-A Summer Camp.

Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### PHYSICIAN'S ORDERS

Patient's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Date of Prescription \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Comments \_\_\_\_\_

☐

I have instructed and approve the above patient to self-administer their rescue inhaler or EpiPen.

Doctor's Name (Please Print) \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_